



APPLICATION FOR VOLUNTEERS IN DENTISTRY/DENTAL HYGIENE INITIAL LICENSURE

GEORGIA BOARD OF DENTISTRY

237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440

www.sos.ga.gov/plb/dentistry

Please read the instructions carefully and be familiar with the laws and rules governing the practice of dentistry & dental hygiene in the State of Georgia. Visit the following web site for information: <http://www.sos.ga.gov/plb/dentistry>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

| Please Note: There is no fee for this type of license.

ATTENTION: ALL SUPPORTING DOCUMENTS MUST BE MAILED WITH COMPLETED APPLICATION IN ONE PACKAGE TO THE BOARD OFFICE.

1. **Completed application form.** If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed.
2. **Official letter(s) of licensure verification for every dental license ever held.** Each letter must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.) standing of license, any disciplinary charges made against you by the licensing board or by any other state agency, and the result of these actions. The applicant must provide a copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. The letter(s) must be submitted with your application IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD OF EACH LICENSING STATE, and must be dated within four months of Board receipt of your complete application packet.
3. **A National Practitioner Data Bank(NPDB) certified report of any pending or final disciplinary actions or malpractice actions against any license ever held by the applicant in any state. All applicants must submit a NPDB report**

4. **along with a completed application.** (NPDB must dated within four months). The **ONLY** applicants exempted from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation who have never been issued a dental license in any state or U.S. territory. The NPDB report **must** be received in the **ORIGINAL SEALED ENVELOPE FROM NPDB.** Those applications which have any disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case by case basis, after receipt of all required application materials. For each case, the applicant must submit: 1) a copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency, 2) a copy of the final action, disposition, or settlement, 3) a personal explanation of the disciplinary action or the malpractice claim, and 4) any further information requested by the Board in separate communications. To obtain information (self-query) from the NPDB-HIPDB, please visit www.npdb-hipdb.com, scroll to the right side of the home page, and click **Perform a Self-Query**. The self-query is \$20.00, payable by credit card (VISA, MasterCard, Discover, or American Express). If you do not have Internet access, contact the Customer Service Center at 1-800-767-6732 from 8:30 a.m. to 6:00 p.m. Eastern Time (8:30 a.m. to 5:30 p.m. Fridays).
5. **Copy of Court Document or Affidavit** explaining any discrepancies of the applicant's name if documents submitted bear different name(s).[i.e. marriage certificate, divorce decree, legal name change]
6. **Current CPR certification** (photocopy)
7. **Letter from Employing Department Head** at which the applicant is seeking employment and a copy of the employment contract.
8. **Physicians statement of mental and physical competency** verifying that the applicant is able to practice dentistry with reasonable skill and safety to patient.
9. **Jurisprudence Examination.** The examination must be downloaded from our website (see-applications and other forms). The study materials are also on our website. (www.sos.ga.gov/plb/dentistry) **A score of 75 or higher is considered a passing score.**

AFTER YOU HAVE RECEIVED A TEMPORARY VOLUNTEER DENTAL LICENSE
YOU MUST SUBMIT THE FOLLOWING:

10. **Forty (40) hours of Continuing Education Credits** must be completed and submitted to the Board office within 6 months of date your temporary volunteer dental license is issued. Only courses that are sponsored or approved by those organizations and associations listed in Board Rules (150-3-.09) are eligible for continuing education credits. A minimum of thirty (30) hours shall be clinical courses in the actual delivery of dental services to the patient or to the community.

Relocation: If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax (866) 888-1308 or mail. This will enable you to receive Board correspondence.

SUBMIT YOUR COMPLETED APPLICATION PACKET TO

**Georgia Board of Dentistry
237 Coliseum Drive
Macon, Georgia 31217**

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

GEORGIA BOARD OF DENTISTRY

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.ga.gov/plb/dentistry

APPLICATION FOR VOLUNTEER IN DENTISTRY & DENTAL HYGIENE

Application Fee \$0

License Type: _____ Volunteer Dentist
 _____ Volunteer Dental Hygienist

Method Obtained by:

Applicant is applying for above referenced license by: Application

Name as desired on License _____
 First Middle Last

Name as shown on exam records or transcripts
 (if different) _____
 First Middle Last

_____ I am a U.S. citizen

Social Security Number _____

Date of Birth _____

_____ **I am not a U.S. citizen** but
 am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully
 present in the United States. ****Submit attached checklist form with documentation**

Physical Address _____
 Number and Street Apt. No City/State Zip
P.O. Box not acceptable

Mailing Address _____
 (if different) Number and Street Apt. No City/State Zip

_____ Telephone Number Day
 _____ Telephone Number Evening

**Georgia Volunteers in Dentistry
License Application**

Part I

1. Dental Education _____ / _____
School Month Year Graduation

Address _____ City _____ State _____ Zip _____

2. Dental Post-Graduate Education _____

Type of Training _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

3. Employing Agency, Institution, Corporation, or Association

A notarized statement from the Director of the Department must be submitted to the Board

Part II

4. Have you ever held a license to practice dentistry in any state(s)? List all states which you have been issued a license to practice dentistry: (active, inactive, revoked, suspended, expired, lapsed, etc.) You should have each state listed send an official letter of licensure verification/certification. **See instruction sheet for details.** ☐ No ☐ Yes

If so, has it been within the past five (5) years? ☐ Yes ☐ No

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If licensed in the State of Georgia please list your dental license number

5. I have obtained 40 hours of continuing education. ☐ Yes ☐ No

If no, a non-renewable temporary license to practice for six months may be issued, provided you are otherwise qualified for such license. During such time you must comply with the CE requirements set forth in Rule 150-3-.09 and submit documentation of compliance.

6. I have current certification in CPR through a Board approved provider. ☐ Yes ☐ No
(Please enclose copy)

7. Board Disciplinary Actions/Legal Convictions: **(Answer BOTH Questions):**

A. Has any license issued to you ever been encumbered by any board or agency in Georgia or any other state? (Denied renewal or reinstatement, revoked, suspended, surrendered, restricted, placed on probation, etc.) ☐ Yes ☐ No

If yes, please request the agency or state board to send a certified copy of the Hearing Notice (if applicable) and Final Order to this office. Additionally, you must provide the Georgia Board of Dentistry with the name of the agency or board in the space provided.

(Name of Agency or Board)

- B.** Have you been arrested, indicted, convicted, sentenced, pled guilty to, plead nolo contendere, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI **are not** considered by the Georgia Board of Dentistry to be a minor traffic violation.) ☐ **Yes** ☐ **No**

Please explain a “yes” response and request the court to send a certified copy of the record to this office, including the final disposition of the case(s).

(Name of Court or County where violation occurred)

8. The Georgia Board of Dentistry requires all candidates for licensure to query the National Practitioners Data Bank before licensure will be granted. You may receive the form by downloading at: www.npdb-hipdb.com or by calling 1-800-767-6732 from 8:30 a.m. to 6:00 p.m.

National Practitioners Data Bank
P.O. Box 10832
Chantilly, VA 22021

9. Have you within the past five (5) years personally used narcotics or alcohol excessively or have you ever received treatment for addiction to alcohol or other drugs? ☐ **Yes** ☐ **No** **If yes, attach an explanation.**
10. Have you ever voluntarily surrendered a dental license, or DEA registration? ☐ **Yes** ☐ **No** **If yes, attach an explanation.**
11. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry? ☐ **Yes** ☐ **No** **If yes, attach an explanation.**
12. Do you presently have any contagious or infectious disease? ☐ **Yes** ☐ **No** **If yes, attach an explanation.**
13. Are you retired from the practice of dentistry and not currently engaged in practice either full time or part time and have prior to retirement, maintained full licensure in good standing in dentistry in any state? ☐ **Yes** ☐ **No** **If no, you are ineligible for a volunteer license**

14. Photograph:

Provide one 2 X 2 head or shoulder passport-type photograph taken within the last six (6) months. Sign the front of the photograph.

ATTACH PHOTO HERE

Part III

Affidavit of Applicant

14. I hereby attest that I will be providing professional dental services for the agency identified in question (9) and that the clients/ patients meet the statutory requirements (i.e. indigent patients in underserved areas or critical need population areas of the state), and that will I not receive compensation at any time for the professional services I will be providing.

Signature of applicant

The facts set forth in this application are true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure and/or authorization. The Georgia Board of Dentistry is hereby authorized to request any information necessary to process my application.

Date

Signature of applicant

County _____ State _____

Sworn to and subscribed before me this _____ day of _____,
20_____.

Notary Public

My Commission Expires: _____



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF DENTISTRY**

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize **The GEORGIA BOARD DENTISTRY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

(Applicant's Full Name – Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State):

Aliases or Maiden Name:

Please check any applicable licensure provisions below that apply to the individuals you will be practicing your profession on:

- ☐ Working with mentally disabled
☐ Working with the elderly or in elder care services
☐ Working with children

PLEASE COMPLETE THE FOLLOWING:

I, _____
(print name)
give consent to the Georgia Board of Dentistry to perform periodic criminal background checks for the duration of my active licensure status with this state.

(Signature of Applicant)

(Date)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation